

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Chapter 11

Check if this an  
amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>SteriWeb Medical LLC</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<u>46-3299569</u>		
4. Debtor's address	Principal place of business  <u>7318 Valjean Ave</u> <u>Van Nuys, CA 91406</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business  P.O. Box, Number, Street, City, State & ZIP Code	
	<u>Los Angeles</u> County	Location of principal assets, if different from principal place of business  Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor	<b>SteriWeb Medical LLC</b> Name		Case number (if known)						
<p><b>7. Describe debtor's business</b></p> <p>A. <i>Check one:</i></p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))  <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))  <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))  <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))  <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))  <input checked="" type="checkbox"/> None of the above</p> <p>B. <i>Check all that apply:</i></p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. §501)  <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))</p> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  See <a href="http://www.uscourts.gov/four-digit-national-association-naics-codes">http://www.uscourts.gov/four-digit-national-association-naics-codes</a>.</p>									
<p><b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b></p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11. <i>Check all that apply:</i></p> <p><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  <input checked="" type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  <input type="checkbox"/> A plan is being filed with this petition.  <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.  <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>									
<p><b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b></p> <p><input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes.</p> <p>If more than 2 cases, attach a separate list.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">District</td> <td>When</td> <td>Case number</td> </tr> <tr> <td>District</td> <td>When</td> <td>Case number</td> </tr> </table>				District	When	Case number	District	When	Case number
District	When	Case number							
District	When	Case number							
<p><b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes.</p> <p>List all cases. If more than 1, attach a separate list.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Debtor</td> <td>Relationship</td> </tr> <tr> <td>District</td> <td>When</td> <td>Case number, if known</td> </tr> </table>				Debtor	Relationship	District	When	Case number, if known	
Debtor	Relationship								
District	When	Case number, if known							

Debtor	<b>SteriWeb Medical LLC</b> Name		Case number (if known)												
<hr/>															
<p><b>11. Why is the case filed in this district?</b> <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.</p>															
<hr/>															
<p><b>12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.</p>															
<p><b>Why does the property need immediate attention? (Check all that apply.)</b></p> <p><input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____</p> <p><input type="checkbox"/> It needs to be physically secured or protected from the weather.</p> <p><input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).</p> <p><input type="checkbox"/> Other _____</p>															
<p><b>Where is the property?</b> _____ Number, Street, City, State &amp; ZIP Code</p>															
<p><b>Is the property insured?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____</p>															
<hr/>															
<p><b>Statistical and administrative information</b></p>															
<p><b>13. Debtor's estimation of available funds</b> <i>Check one:</i></p> <p><input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> After any administrative expenses are paid, no funds will be available to unsecured creditors.</p>															
<hr/>															
<p><b>14. Estimated number of creditors</b></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5001-10,000</td> <td><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<input type="checkbox"/> 200-999															
<hr/>															
<p><b>15. Estimated Assets</b></p> <table border="0"> <tr> <td><input type="checkbox"/> \$0 - \$50,000</td> <td><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>				<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<hr/>															
<p><b>16. Estimated Liabilities</b></p> <table border="0"> <tr> <td><input type="checkbox"/> \$0 - \$50,000</td> <td><input checked="" type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>				<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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Debtor

**SteriWeb Medical LLC**

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

2/10/21  
MM / DD / YYYY

**X**

  
Signature of authorized representative of debtor

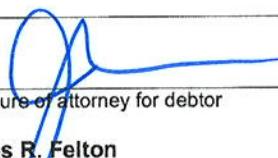
**Bertram P. Rosenthal**

Printed name

Title Managing Member

**18. Signature of attorney**

**X**

  
Signature of attorney for debtor

Date

2/10/21  
MM / DD / YYYY

**James R. Felton**

Printed name

**G&B Law, LLP**

Firm name

**16000 Ventura Boulevard  
Suite 1000  
Encino, CA 91436**  
Number, Street, City, State & ZIP Code

Contact phone 818-382-6200

Email address \_\_\_\_\_

**138767 CA**

Bar number and State

**Fill in this information to identify the case:**

Debtor name SteriWeb Medical LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an  
amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/8/21

X

Signature of individual signing on behalf of debtor



Bertram P. Rosenthal

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	SteriWeb Medical LLC
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA
Case number (if known):	_____

Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Celtic Bank c/o SBA PO Box 3918 Portland, OR 97208		PPP Loan				\$124,625.00
Claudia Moncayo c/o Kaveh S. Elihu, Esq. 3055 Wilshire Blvd. Suite 1120 Los Angeles, CA 90010		Employment Lawsuit	Contingent Unliquidated Disputed			\$0.00
CLB Properties 5200 Kanan Road Ste. 201 Agoura Hills, CA 91301						\$4,460.00
CLB Properties 5200 Kanan Road Ste. 201 Agoura Hills, CA 91301		Utility Reserve 2021 - 7226 Valjean Ave.				\$1,000.00
Elva Berumen 20243 Haynes Street Winnetka, CA 91306		Wages				\$3,500.00
Jessica Ojeda c/o Kaveh S. Elihu, Esq. 3055 Wilshire Blvd. Suite 1120 Los Angeles, CA 90010		Employment Lawsuit	Contingent Unliquidated Disputed			\$0.00
Judith Kahn Quan, CPA 16350 Ventura Blvd. Suite 505 Encino, CA 91436		Jan. 2021 professional services rendered				\$600.00

Debtor	SteriWeb Medical LLC			Case number (if known)		
	Name					
Name of creditor and complete mailing address, including zip code		Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.	
JWR Limited P.O. Box 260158 Encino, CA 91426			Feb. 2021 Commercial Lease		Total claim, if partially secured	Deduction for value of collateral or setoff
OnDeck 4201 Wilson Blvd Ste 110-209 Arlington, VA 22203						\$3,000.00
Waste Management PO Box 541065 Los Angeles, CA 90054-1065						\$332.48
Yeni E. Cevallos 6939 Luboa Ave. Winnetka, CA 91306			Jan. 202 Cleaning service (\$500) and Fuel expense (\$50)			\$550.00

United States Bankruptcy Court  
Central District of California

In re SteriWeb Medical LLC

Debtor(s)

Case No.  
Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date 2/10/21

Signature

Bertram P. Rosenthal

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LBR 1015-2  
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

**None**

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

**N/A**

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

**None**

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

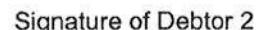
**N/A**

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, California.

Date: 2/8/21

  
Bertram P. Rosenthal  
Signature of Debtor 1

  
Signature of Debtor 2

Fill in this information to identify the case:

Debtor name SteriWeb Medical LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)**

**1a. Real property:**

Copy line 88 from Schedule A/B..... \$ 0.00

**1b. Total personal property:**

Copy line 91A from Schedule A/B..... \$ 440,897.11

**1c. Total of all property:**

Copy line 92 from Schedule A/B..... \$ 440,897.11

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)**

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$ 0.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 3,500.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 1,399,567.48

**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 1,403,067.48

Fill in this information to identify the case:

Debtor name **SteriWeb Medical LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
Wells Fargo 3.1. P.O. Box 6995 Portland, OR 97228-6995	Business Checking	8255	\$375,166.11

Wells Fargo 3.2. P.O. Box 6995 Portland, OR 97228-6995	Business Market Rate Savings	3134	\$150.06
---	------------------------------	------	----------

4. **Other cash equivalents (Identify all)**

4.1. Loan to B. Rosental	\$7,059.00
--------------------------	------------

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$382,375.17

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

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Best Case Bankruptcy

Debtor SteriWeb Medical LLC Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>16,421.94</u>	-	<u>0.00</u> = ....	<u>\$16,421.94</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$16,421.94

**Part 4: Investments**

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Inventory		<u>\$0.00</u>		<u>\$35,000.00</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$35,000.00

24. Is any of the property listed in Part 5 perishable?

No

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value \_\_\_\_\_

Valuation method \_\_\_\_\_

Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

Debtor SteriWeb Medical LLC \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>General office furniture, fixtures and computers</b>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,500.00</u>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

<u>\$2,500.00</u>
-------------------

44. Is a depreciation schedule available for any of the property listed in Part 7?

No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48. <b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. <b>Aircraft and accessories</b>			
50. <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>Machinery and equipment</b>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$4,500.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

<u>\$4,500.00</u>
-------------------

Debtor SteriWeb Medical LLC \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

52. Is a depreciation schedule available for any of the property listed in Part 8?

No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No  
 Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites Website domain: <u>steriwebmedical.net</u>	<u>\$0.00</u>		<u>\$100.00</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10.			<u>\$100.00</u>

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor **SteriWeb Medical LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> Copy line 5, Part 1	<b>\$382,375.17</b>	
81. <b>Deposits and prepayments.</b> Copy line 9, Part 2.	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> Copy line 12, Part 3.	<b>\$16,421.94</b>	
83. <b>Investments.</b> Copy line 17, Part 4.	<b>\$0.00</b>	
84. <b>Inventory.</b> Copy line 23, Part 5.	<b>\$35,000.00</b>	
85. <b>Farming and fishing-related assets.</b> Copy line 33, Part 6.	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> Copy line 43, Part 7.	<b>\$2,500.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> Copy line 51, Part 8.	<b>\$4,500.00</b>	
88. <b>Real property.</b> Copy line 56, Part 9.....>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> Copy line 66, Part 10.	<b>\$100.00</b>	
90. <b>All other assets.</b> Copy line 78, Part 11.	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$440,897.11</b>	+ 91b. <b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$440,897.11</b>

Fill in this information to identify the case:

Debtor name SteriWeb Medical LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an  
amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name SteriWeb Medical LLCUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address  <b>Bertram Rosenthal, MD</b> 7318 Valjean Avenue Van Nuys, CA 91406  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services provided to Steriweb from 3/2014 to 2/2021</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,260,000.00</b>
3.2	Nonpriority creditor's name and mailing address  <b>Celtic Bank</b> c/o SBA PO Box 3918 Portland, OR 97208  Date(s) debt was incurred <u>05/1/2020</u> Last 4 digits of account number <u>4931</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>PPP Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124,625.00</b>
3.3	Nonpriority creditor's name and mailing address  <b>Claudia Moncayo</b> c/o Kaveh S. Elihu, Esq. 3055 Wilshire Blvd. Suite 1120 Los Angeles, CA 90010  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Employment Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.4	Nonpriority creditor's name and mailing address  <b>CLB Properties</b> 5200 Kanan Road Ste. 201 Agoura Hills, CA 91301  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utility Reserve 2021 - 7226 Valjean Ave.</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>

Debtor	<b>SteriWeb Medical LLC</b> Name	Case number (if known)	
3.5	<p>Nonpriority creditor's name and mailing address  <b>CLB Properties</b>  <b>5200 Kanan Road</b>  <b>Ste. 201</b>  <b>Agoura Hills, CA 91301</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$4,460.00</b>
3.6	<p>Nonpriority creditor's name and mailing address  <b>Jessica Ojeda</b>  <b>c/o Kaveh S. Elihu, Esq.</b>  <b>3055 Wilshire Blvd.</b>  <b>Suite 1120</b>  <b>Los Angeles, CA 90010</b></p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u>0635</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Employment Lawsuit</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.7	<p>Nonpriority creditor's name and mailing address  <b>Judith Kahn Quan, CPA</b>  <b>16350 Ventura Blvd.</b>  <b>Suite 505</b>  <b>Encino, CA 91436</b></p> <p>Date(s) debt was incurred <u>1/2021</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Jan. 2021 professional services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$600.00</b>
3.8	<p>Nonpriority creditor's name and mailing address  <b>JWR Limited</b>  <b>P.O. Box 260158</b>  <b>Encino, CA 91426</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Feb. 2021 Commercial Lease</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$5,000.00</b>
3.9	<p>Nonpriority creditor's name and mailing address  <b>OnDeck</b>  <b>4201 Wilson Blvd Ste 110-209</b>  <b>Arlington, VA 22203</b></p> <p>Date(s) debt was incurred <u>01/1/2016</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,000.00</b>
3.10	<p>Nonpriority creditor's name and mailing address  <b>Waste Management</b>  <b>PO Box 541065</b>  <b>Los Angeles, CA 90054-1065</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>3007</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$332.48</b>
3.11	<p>Nonpriority creditor's name and mailing address  <b>Yeni E. Cevallos</b>  <b>6939 Luboa Ave.</b>  <b>Winnetka, CA 91306</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Jan. 202 Cleaning service (\$500) and Fuel expense (\$50)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$550.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

Debtor **SteriWeb Medical LLC** \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts		
5a.	\$	0.00

5b. Total claims from Part 2

5b.	+	\$ 1,399,567.48
-----	---	-----------------

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.	\$ 1,399,567.48
-----	-----------------

Fill in this information to identify the case:

Debtor name **SteriWeb Medical LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) \_\_\_\_\_

Check if this is an  
amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with  
whom the debtor has an executory contract or unexpired  
lease

2.1. State what the contract or  
lease is for and the nature of  
the debtor's interest

**Industrial lease re 7318  
Valjean Avenue, Nau  
Nuys, CA 91406**

State the term remaining

**2/4/23**

**CLB Properties  
5200 Kanan Road  
201  
Agoura Hills, CA 91301**

List the contract number of any  
government contract

Fill in this information to identify the case:

Debtor name **SteriWeb Medical LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

#### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street _____ _____ City _____ State _____ Zip Code _____	_____ _____ _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street _____ _____ City _____ State _____ Zip Code _____	_____ _____ _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street _____ _____ City _____ State _____ Zip Code _____	_____ _____ _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street _____ _____ City _____ State _____ Zip Code _____	_____ _____ _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name SteriWeb Medical LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2021 to Filing Date

Operating a business

\$140,739.83

Other YTD as of 2/3/2021

For prior year:  
From 1/01/2020 to 12/31/2020

Operating a business

\$1,467,983.58

Other Net Income

For year before that:  
From 1/01/2019 to 12/31/2019

Operating a business

\$1,275,530.00

Other Net Income

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and  
exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor SteriWeb Medical LLC

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Bertram Rosenthal, MD 7318 Valjean Avenue Van Nuys, CA 91406 Owners distributions	2020	\$277,000.00	Salary

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Ojeda vs. R&S Research BC660635	Complaint for Damages Employment lawsuit	Los Angeles Superior Court 1945 S Hill St Los Angeles, CA 90007	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Moncayo vs. R&S Research BC703628	Complaint for Damages Employment lawsuit	Los Angeles Superior Court 1945 S Hill St Los Angeles, CA 90007	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor SteriWeb Medical LLC

Case number (if known) \_\_\_\_\_

 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.		
	List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. G&B Law, LLP 16000 Ventura Blvd. Ste. 1000 Encino, CA 91436	Ch. 11 Retainer	2/9/21	\$45,000.00

Email or website address

Who made the payment, if not debtor?

Debtor SteriWeb Medical LLC

Case number (if known) \_\_\_\_\_

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.		6/06/19, 9/19/19, 9/25/19, 10/31/19, 11/ 22/19, 1/02/20, 1/23/20, 2/18/20, 3/13/20, 4/24/20, 8/12/20, 9/28/20, 10/15/20, 11/ 16/20, 1/05/21, 1/28/21	
G&B Law, LLP 16000 Ventura Blvd. Ste. 1000 Encino, CA 91436	Payments related to State Court actions		\$56,455.00

Email or website address \_\_\_\_\_

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor SteriWeb Medical LLC

Case number (if known) \_\_\_\_\_

No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
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Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Judy Khan Quan, CPA 16350 Ventura Blvd. Suite D505 Encino, CA 91436	1/1/2019-current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor SteriWeb Medical LLC

Case number (if known) \_\_\_\_\_

 None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
Bertram Rosenthal, MD	7318 Valjean Ave. Van Nuys, CA 91406	Managing member	97%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

<b>Name and address of recipient</b>	<b>Amount of money or description and value of property</b>	<b>Dates</b>	<b>Reason for providing the value</b>
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

 No Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent  
corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

 No Yes. Identify below.

Debtor SteriWeb Medical LLC

Case number *(if known)* \_\_\_\_\_

Name of the pension fund

Employer Identification number of the parent  
corporation

**Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on



Signature of individual signing on behalf of the debtor

Bertram P. Rosenthal

Printed name

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

**United States Bankruptcy Court  
Central District of California**

In re **SteriWeb Medical LLC**

Debtor(s)

Case No.

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>45,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>45,000.00</b>
Balance Due .....	\$ <b>0.00</b>

2. \$ **1,738.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify):

4. The source of compensation to be paid to me is:

Debtor  Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 10, 2021

Date

  
James R. Felton  
Signature of Attorney  
G&B Law, LLP  
16000 Ventura Boulevard  
Suite 1000  
Encino, CA 91436  
818-382-6200 Fax: 818-986-6534  
Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address <b>James R. Felton</b> <b>16000 Ventura Boulevard</b> <b>Suite 1000</b> <b>Encino, CA 91436</b> <b>818-382-6200 Fax: 818-986-6534</b> California State Bar Number: <b>138767 CA</b>	FOR COURT USE ONLY		
<input checked="" type="checkbox"/> Attorney for:			
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA</b>			
In re:  <b>SteriWeb Medical LLC</b>	Debtor(s),	CASE NO.: ADVERSARY NO.: CHAPTER: 11	
	Plaintiff(s),	<b>CORPORATE OWNERSHIP STATEMENT</b> <b>PURSUANT TO FRBP 1007(a)(1)</b> <b>and 7007.1, and LBR 1007-4</b>	
	Defendant(s).	[No hearing]	

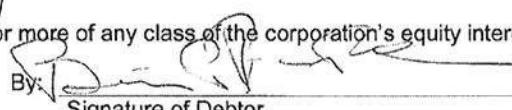
Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, Bertram P. Rosenthal, MD, the undersigned in the above-captioned case, hereby declare  
(Print Name of Attorney or Declarant)  
under penalty of perjury under the laws of the United States of America that the following is true and correct:

**[Check the appropriate boxes and, if applicable, provide the required information.]**

1. I have personal knowledge of the matters set forth in this Statement because:  
 I am the president or other officer or an authorized agent of the Debtor corporation  
 I am a party to an adversary proceeding  
 I am a party to a contested matter  
 I am the attorney for the Debtor corporation
- 2.a.  The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:  
*[For additional names, attach an addendum to this form.]*
- b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

2/08/21  
Date

  
By: \_\_\_\_\_  
Signature of Debtor

Name: Bertram P. Rosenthal, MD  
Printed name of Debtor, or attorney for  
Debtor

United States Bankruptcy Court  
Central District of California

In re **SteriWeb Medical LLC**

Debtor(s)

Case No.  
Chapter

**11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Bertram P. Rosenthal**, declare under penalty of perjury that I am the **Managing Member** of **SteriWeb Medical LLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 1 day of February 2021

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation is authorized and directed to employ **James R. Felton**, attorney and the law firm of **G&B Law, LLP** to represent the corporation in such bankruptcy case."

Date 2/18/21

Signed   
**Bertram P. Rosenthal**

Resolution of Board of Directors  
of  
**SteriWeb Medical LLC**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Bertram P. Rosenthal, Managing Member** of this Corporation is authorized and directed to employ **James R. Felton**, attorney and the law firm of **G&B Law, LLP** to represent the corporation in such bankruptcy case.

Date

2/8/21

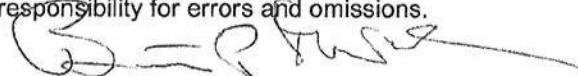
Signed



Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  James R. Felton 16000 Ventura Boulevard Suite 1000 Encino, CA 91436 818-382-6200 Fax: 818-986-6534 California State Bar Number: 138767 CA	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  SteriWeb Medical LLC	CASE NO.: CHAPTER: 11
	<b>VERIFICATION OF MASTER MAILING LIST OF CREDITORS</b>  [LBR 1007-1(a)]
Debtor(s).	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 2 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 2/13/21



Signature of Debtor 1

Date: \_\_\_\_\_

Signature of Debtor 2 (joint debtor) (if applicable)

Date: \_\_\_\_\_

Signature of Attorney for Debtor (if applicable)

SteriWeb Medical LLC  
7318 Valjean Ave  
Van Nuys, CA 91406

James R. Felton  
G&B Law, LLP  
16000 Ventura Boulevard  
Suite 1000  
Encino, CA 91436

Bertram Rosenthal, MD  
7318 Valjean Avenue  
Van Nuys, CA 91406

Celtic Bank  
c/o SBA  
PO Box 3918  
Portland, OR 97208

Claudia Moncayo  
c/o Kaveh S. Elihu, Esq.  
3055 Wilshire Blvd.  
Suite 1120  
Los Angeles, CA 90010

CLB Properties  
5200 Kanan Road  
Ste. 201  
Agoura Hills, CA 91301

CLB Properties  
5200 Kanan Road  
201  
Agoura Hills, CA 91301

Jessica Ojeda  
c/o Kaveh S. Elihu, Esq.  
3055 Wilshire Blvd.  
Suite 1120  
Los Angeles, CA 90010

Judith Kahn Quan, CPA  
16350 Ventura Blvd.  
Suite 505  
Encino, CA 91436

JWR Limited  
P.O. Box 260158  
Encino, CA 91426

OnDeck  
4201 Wilson Blvd Ste 110-209  
Arlington, VA 22203

Waste Management  
PO Box 541065  
Los Angeles, CA 90054-1065

Yeni E. Cevallos  
6939 Luboa Ave.  
Winnetka, CA 91306

Form 1065

Department of the Treasury  
Internal Revenue Service

## U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_.

► Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

2019

A Principal business activity <b>MANUFACTURING</b>	Name of partnership <b>STERIWEB MEDICAL, LLC</b>	D Employer identification number <b>46-3299569</b>
B Principal product or service <b>MEDICAL SUPPLY</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6715 NE 63RD ST. #417</b>	E Date business started <b>01/15/2014</b>
C Business code number <b>339110</b>	City or town, state or province, country, and ZIP or foreign postal code <b>VANCOUVER WA 98661</b>	F Total assets <b>\$ 312,676.</b>

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended returnH Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ►I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **2**J Check if Schedules C and M-3 are attached ► K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales .....	1a <b>1,275,530.</b>	
	b Returns and allowances .....	1b	
	c Balance. Subtract line 1b from line 1a .....	1c <b>1,275,530.</b>	
	2 Cost of goods sold (attach Form 1125-A) .....	2 <b>84,494.</b>	
	3 Gross profit. Subtract line 2 from line 1c .....	3 <b>1,191,036.</b>	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) .....	4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR)) .....	5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) .....	6	
7 Other income (loss) (attach statement) .....	7		
<b>8 Total income (loss). Combine lines 3 through 7 .....</b>	<b>8 <i>1,191,036.</i></b>		
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits) .....	9	
	10 Guaranteed payments to partners .....	10	
	11 Repairs and maintenance .....	11 <b>3,517.</b>	
	12 Bad debts .....	12	
	13 Rent .....	13 <b>93,180.</b>	
	14 Taxes and licenses .....	14 <b>7,921.</b>	
	15 Interest (see instructions) .....	15	
	16a Depreciation (if required, attach Form 4562) .....	16a	
	b Less depreciation reported on Form 1125-A and elsewhere on return .....	16b	
	17 Depletion (Do not deduct oil and gas depletion.) .....	17	
	18 Retirement plans, etc. .....	18	
	19 Employee benefit programs .....	19	
	20 Other deductions (attach statement) .....	20 <b>756,220.</b>	
	<b>21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 .....</b>	<b>21 <i>860,838.</i></b>	
	<b>22 Ordinary business income (loss). Subtract line 21 from line 8 .....</b>	<b>22 <i>330,198.</i></b>	
23 Interest due under the look-back method-completed long-term contracts (attach Form 8697) .....	23		
24 Interest due under the look-back method-income forecast method (attach Form 8866) .....	24		
25 BBA AAR imputed underpayment (see instructions) .....	25		
26 Other taxes (see instructions) .....	26		
27 <b>Total balance due. Add lines 23 through 26 .....</b>	<b>27</b>		
28 Payment (see instructions) .....	28		
29 Amount owed. If line 28 is smaller than line 27, enter amount owed .....	29		
30 Overpayment. If line 28 is larger than line 27, enter overpayment .....	30		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

► Signature of partner or limited liability company member ► Date May the IRS discuss this return with the preparer shown below?  
See instr.  Yes  No

Print/Type preparer's name <b>STEVEN M. MARTINI, C</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00026895</b>
---	----------------------	------	---	--------------------------

Paid Preparer Firm's name ► <b>MARTINI AKPOVI PARTNERS, LLP</b>	Firm's EIN ► <b>95-4508585</b>
---	--------------------------------

Use Only Firm's address ► <b>16830 VENTURA BLVD., SUITE 501 ENCINO, CA 91436</b>	Phone no. <b>(818) 789-1179</b>
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## Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:		Yes	No		
a <input type="checkbox"/>	Domestic general partnership	b <input type="checkbox"/>	Domestic limited partnership		
c <input checked="" type="checkbox"/>	Domestic limited liability company	d <input type="checkbox"/>	Domestic limited liability partnership		
e <input type="checkbox"/>	Foreign partnership	f <input type="checkbox"/>	Other ►		
2 At the end of the tax year:					
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X		
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X		
3 At the end of the tax year, did the partnership:					
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X		
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X	
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?		Yes	No		
a	The partnership's total receipts for the tax year were less than \$250,000.				
b	The partnership's total assets at the end of the tax year were less than \$ 1 million.				
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.				
d	The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		X		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X		
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X		
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X		
8	At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►		X		
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X		
10 a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X		
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X		

Schedule B Other Information (continued)		Yes	No		
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions				<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)			► <input type="checkbox"/>	<input type="checkbox"/>
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions			►	<input type="checkbox"/>
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership			►	<input type="checkbox"/>
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return			►	<input type="checkbox"/>
16 a	Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions			<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did you or will you file required Form(s) 1099?			<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return			►	<input type="checkbox"/>
18	Enter the number of partners that are foreign governments under section 892			►	<input type="checkbox"/>
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938			<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the total amount of the disallowed deductions			► \$	<input type="checkbox"/>
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions			<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Does the partnership satisfy one or more of the following? See instructions			<input type="checkbox"/>	<input checked="" type="checkbox"/>
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.			<input type="checkbox"/>	<input type="checkbox"/>
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.			<input type="checkbox"/>	<input type="checkbox"/>
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense.			<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" to any, complete and attach Form 8990.			<input type="checkbox"/>	<input type="checkbox"/>
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3			►	2.
	If "No," complete Designation of Partnership Representative below.			<input type="checkbox"/>	<input type="checkbox"/>
<b>Designation of Partnership Representative (see instructions)</b>					
Enter below the information for the partnership representative (PR) for the tax year covered by this return.					
Name of PR ►					
U.S. address of PR ►				U.S. phone number of PR ►	
If the PR is an entity, name of the designated individual for the PR ►					
U.S. address of designated individual ►				U.S. phone number of designated individual ►	
26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the amount from Form 8996, line 14			► \$	<input type="checkbox"/>
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership			►	<input type="checkbox"/>
28	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 1065 (2019) STERIWEB MEDICAL, LLC

46-3299569 Page 4

## Schedule K Partners' Distributive Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22) .....	1 330,198.
	2 Net rental real estate income (loss) (attach Form 8825) .....	2
	3a Other gross rental income (loss) .....	3a
	b Expenses from other rental activities (attach statement) .....	3b
	c Other net rental income (loss). Subtract line 3b from line 3a .....	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	4b
	c Total. Add lines 4a and 4b .....	4c
	5 Interest income .....	5
	6 Dividends and dividend equivalents: a Ordinary dividends .....	6a
	b Qualified dividends 6b c Dividend equivalents 6c	6c
	7 Royalties .....	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .....	8
	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) .....	9a
	b Collectibles (28%) gain (loss) .....	9b
	c Unrecaptured section 1250 gain (attach statement) .....	9c
	10 Net section 1231 gain (loss) (attach Form 4797) .....	10
	11 Other income (loss) (see instructions) Type ►	11
Deductions	12 Section 179 deduction (attach Form 4562) .....	12 11,854.
	13a Contributions .....	13a
	b Investment interest expense .....	13b
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)
	d Other deductions (see instructions) Type ►	13d
Self-Employment	14a Net earnings (loss) from self-employment .....	14a 320,292.
	b Gross farming or fishing income .....	14b
	c Gross nonfarm income .....	14c 1,155,305.
Credits	15a Low-income housing credit (section 42(j)(5)) .....	15a
	b Low-income housing credit (other) .....	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....	15c
	d Other rental real estate credits (see instructions) Type ►	15d
	e Other rental credits (see instructions) Type ►	15e
	f Other credits (see instructions) Type ►	15f
Foreign Transactions	16a Name of country or U.S. possession ► .....	16a
	b Gross income from all sources .....	16b
	c Gross income sourced at partner level .....	16c
	Foreign gross income sourced at partnership level	
	d Reserved for future use ► e Foreign branch category ►	16e
	f Passive category ► g General category ► h Other ►	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ► j Other .....	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Reserved for future use ► l Foreign branch category ►	16l
	m Passive category ► n General category ► o Other .....	16o
	p Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
	q Reduction in taxes available for credit (attach statement) .....	16q
	r Other foreign tax information (attach statement) .....	
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment .....	17a
	b Adjusted gain or loss .....	17b
	c Depletion (other than oil and gas) .....	17c
	d Oil, gas, and geothermal properties - gross income .....	17d
	e Oil, gas, and geothermal properties - deductions .....	17e
	f Other AMT items (attach statement) .....	17f
Other Information	18a Tax-exempt interest income .....	18a
	b Other tax-exempt income .....	18b
	c Nondeductible expenses .....	18c 1,701.
	19a Distributions of cash and marketable securities .....	19a 61,624.
	b Distributions of other property .....	19b
	20a Investment income .....	20a
	b Investment expenses .....	20b
	c Other items and amounts (attach statement) .....	STMT 4

## Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1	318,344.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)
a General partners		(iii) Individual (passive)
b Limited partners	308,794.	(iv) Partnership
		(v) Exempt Organization
		(vi) Nominee/Other

## Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		173.		185,258.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				35,000.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 5	12,572.		92,418.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets			11,854.	
b Less accumulated depreciation			11,854.	
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		12,745.		312,676.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				45,000.
17 Other current liabilities (attach statement)	STATEMENT 6	0.		14.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		12,745.		267,662.
22 Total liabilities and capital		12,745.		312,676.

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	316,541.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$	
STMT 7 102.	1,803.	8 Add lines 6 and 7	
a Depreciation \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	318,344.
b Travel and entertainment \$	1,701.		
5 Add lines 1 through 4	318,344.		

## Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	12,745.	6 Distributions: a Cash	61,624.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	316,541.	8 Add lines 6 and 7	61,624.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	267,662.
5 Add lines 1 through 4	329,286.		

Form 1125-A

(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service

## Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.  
► Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.

OMB No. 1545-0123

Name		Employer Identification number
STERIWEB MEDICAL, LLC		46-3299569
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8
9a	Check all methods used for valuing closing inventory:	
(i)	<input type="checkbox"/> Cost	
(ii)	<input checked="" type="checkbox"/> Lower of cost or market	
(iii)	<input type="checkbox"/> Other (Specify method used and attach explanation) ►	
b	Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e	If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

**SCHEDULE B-1**  
**(Form 1065)**  
(Rev. August 2019)  
Department of the Treasury  
Internal Revenue Service

## Information on Partners Owning 50% or More of the Partnership

OMB No. 1545-0123

► Attach to Form 1065.

► Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

Name of partnership

Employer identification number

STERIWORLD MEDICAL, LLC

46-3299569

**Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b  
(Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
BERTRAM P ROSENTHAL, MD	077-30-5399	UNITED STATES	97.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

**SCHEDULE B-2**  
**(Form 1065)**

(December 2018)  
Department of the Treasury  
Internal Revenue Service

**Election Out of the Centralized  
Partnership Audit Regime**

OMB No. 1545-0123

► Attach to Form 1065 or Form 1066.

► Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

Name of Partnership

**STERIWEB MEDICAL, LLC**

Employer Identification Number (EIN)  
**46-3299569**

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

**Part I List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I - Individual C - Corporation E - Estate of Deceased Partner F - Eligible Foreign Entity S - S corporation

	Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1	BERTRAM P ROSENTHAL, MD	077-30-5399	I
2	CAMILA ARTEAGA	131-02-4155	I
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Continued on Part IV

**Part II List of S Corporation Shareholders** (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I - Individual E - Estate of Deceased Shareholder T - Trust O - Other

Name of S Corporation Partner ►	TIN of Partner ►		
	Name of Shareholder	Shareholder TIN	Type of Person (Code)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Continued on Part V

**Part III Total Number of Schedules K-1 Required To Be Issued.** See instructions.

1	Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	.....	1	2.
2	Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	.....	2	
3	Total. Add line 1 and line 2	.....	3	2.

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

Form 4562

Department of the Treasury  
Internal Revenue Service (99)

## Depreciation and Amortization

(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2019

Attachment  
Sequence No. 179

► Attach to your tax return.

► Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

STERIWEB MEDICAL, LLC

32095

46-3299569

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	11,854.
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	1,020,000.

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
COMPUTER EQUIPMENT	11,854.	11,854.

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	11,854.
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	11,854.
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	330,198.
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	11,854.
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 .....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....		<input type="checkbox"/>

## Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .....	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... 25

**26** Property used more than 50% in a qualified business use:

.....	.....	%	.....	.....	.....	.....	.....	.....
.....	.....	%	.....	.....	.....	.....	.....	.....
.....	.....	%	.....	.....	.....	.....	.....	.....

**27** Property used 50% or less in a qualified business use:

.....	.....	%	.....	.....	S/L -	.....	.....	.....
.....	.....	%	.....	.....	S/L -	.....	.....	.....
.....	.....	%	.....	.....	S/L -	.....	.....	.....

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... 28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... 29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
						Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
31 Total commuting miles driven during the year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
32 Total other personal (noncommuting) miles driven .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
33 Total miles driven during the year. Add lines 30 through 32 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
34 Was the vehicle available for personal use during off-duty hours? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
35 Was the vehicle used primarily by a more than 5% owner or related person? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
36 Is another vehicle available for personal use? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....	.....	.....
39 Do you treat all use of vehicles by employees as personal use? .....	.....	.....
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....	.....	.....
41 Do you meet the requirements concerning qualified automobile demonstration use? .....	.....	.....

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2019 tax year:

.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**43** Amortization of costs that began before your 2019 tax year .....

43

**44 Total.** Add amounts in column (f). See the instructions for where to report .....

44

2019 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	OTHER	1	Ending Accumulated Depreciation	
1	COMPUTER EQUIPMENT	12/19/19	200DB	5.00	HY19B	11,854.		11,854.					11,854.	11,854.			
	* TOTAL OTHER DEPRECIATION					11,854.		11,854.			0.	0.	11,854.	11,854.			0.

## ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
1	COMPUTER EQUIPMENT	121919	200DB5.00		11,854.	0.	11,854.	11,854.	0.
	TOTALS				11,854.	0.	11,854.	11,854.	0.

STERIWEB MEDICAL, LLC

46-3299569

FORM 1065	TAX EXPENSE	STATEMENT 1
DESCRIPTION		AMOUNT
CALIFORNIA TAXES - BASED ON INCOME		800.
CALIFORNIA TAXES - OTHER		6,000.
FILING FEE		200.
LICENSES AND PERMITS		507.
PROPERTY TAX		414.
TOTAL TO FORM 1065, LINE 14		7,921.

FORM 1065	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING		6,740.
BANK AND MERCHANT FEES		29,261.
COMMISSIONS		334,268.
COMPUTER SUPPORT AND SUPPLIES		16,811.
DUES AND SUBSCRIPTIONS		1,394.
INSURANCE		7,399.
INTERNET SERVICE EXPENSES		9,860.
JANITORIAL EXPENSE		5,250.
LEGAL AND PROFESSIONAL FEES		17,203.
MEALS		1,702.
OFFICE SUPPLIES		8,268.
OUTSIDE SERVICES		223,305.
PEST CONTROL		620.
POSTAGE		1,509.
SALES AND MARKETING EXPENSES		16,717.
SHIPPING SUPPLIES		11,082.
SUPPLIES		8,935.
TELEPHONE		8,076.
TRASH DISPOSAL		3,238.
TRAVEL		13,382.
UTILITIES		10,801.
VEHICLE EXPENSES		19,624.
WEBSITE EXPENSE		775.
TOTAL TO FORM 1065, LINE 20		756,220.

STERIWORLD MEDICAL, LLC

46-3299569

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT 3
DESCRIPTION	AMOUNT	
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1,701.	
TOTAL TO SCHEDULE K, LINE 18C	1,701.	

SCHEDULE K	OTHER ITEMS	STATEMENT 4
DESCRIPTION	AMOUNT	
SECTION 199A - ORDINARY INCOME (LOSS)	330,198.	
SECTION 199A - SECTION 179 DEDUCTION	11,854.	
SECTION 199A UNADJUSTED BASIS OF ASSETS	11,854.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM B. ROSENTHAL	505.	0.
DUE FROM R & S RESEARCH	12,067.	92,418.
<b>TOTAL TO SCHEDULE L, LINE 6</b>	<b>12,572.</b>	<b>92,418.</b>

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SALES TAX PAYABLE	0.	14.
TOTAL TO SCHEDULE L, LINE 17	0.	14.

STERIWEB MEDICAL, LLC

46-3299569

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SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN STATEMENT 7

---

DESCRIPTION	AMOUNT
PENALTIES	102.
TOTAL TO SCHEDULE M-1, LINE 4	102.

---

FORM 1125-A	OTHER COSTS	STATEMENT 8
DESCRIPTION	AMOUNT	
FREIGHT AND SHIPPING COSTS	50,981.	
TOTAL TO LINE 5	50,981.	

---

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Service

beginning

ending

2019

For calendar year 2019, or tax year

Partner's Share of Income, Deductions,  
Credits, etc.

► See separate instructions.

## Part I Information About the Partnership

A Partnership's employer identification number  
46-3299569

B Partnership's name, address, city, state, and ZIP code

STERIWEB MEDICAL, LLC  
6715 NE 63RD ST. #417  
VANCOUVER, WA 98661

C IRS Center where partnership filed return ►

E-FILE

D  Check if this is a publicly traded partnership (PTP)

## Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)  
077-30-5399

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

BERTRAM P ROSENTHAL, MD  
7318 VALJEAN AVENUE  
VAN NUYS, CA 91406G  General partner or LLC member-manager  Limited partner or other LLC memberH1  Domestic partner  Foreign partnerH2  If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here 

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	97.0000000 %	97.0000000 %
Loss	97.0000000 %	97.0000000 %
Capital	97.0000000 %	97.0000000 %

Check if decrease is due to sale or exchange of partnership interest 

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$ 45,014.

 Check this box if Item K includes liability amounts from lower tier partnerships.

## L Partner's Capital Account Analysis

SEE STATEMENT

Beginning capital account	\$ 12,457.
Capital contributed during the year	\$
Current year net income (loss)	\$ 308,794.
Other increase (decrease) (attach explanation)	\$ -1,749.
Withdrawals & distributions	\$ ( 61,624.)
Ending capital account	\$ 257,878.

M Did the partner contribute property with a built-in gain or loss?

 Yes  No If "Yes," attach statement. See instructions.

## N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

		Final K-1	Amended K-1	OMB No. 1545-0123
<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>				
1	Ordinary business income (loss)	320,292.	15 Credits	
2	Net rental real estate income (loss)		16 Foreign transactions	
3	Other net rental income (loss)			
4a	Guaranteed payments for services			
4b	Guaranteed payments for capital			
4c	Total guaranteed payments			
5	Interest income		17 Alternative min tax (AMT) items	
6a	Ordinary dividends			
6b	Qualified dividends		18 Tax-exempt income and nondeductible expenses	
6c	Dividend equivalents			
7	Royalties		19 Distributions	
			A	61,624.
8	Net short-term capital gain (loss)			
9a	Net long-term capital gain (loss)		20 Other information	
9b	Collectibles (28%) gain (loss)			
9c	Unrecaptured section 1250 gain			
10	Net section 1231 gain (loss)			
11	Other income (loss)			
12	Section 179 deduction			
		11,498.		
13	Other deductions			
14	Self-employment earnings (loss)			
A		320,292.		
C		1,155,305.		
21	<input type="checkbox"/> More than one activity for at-risk purposes*			
22	<input type="checkbox"/> More than one activity for passive activity purposes*			
*See attached statement for additional information.				
Only Use for IRS				

STERIWEB MEDICAL, LLC

46-3299569

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SCHEDULE K-1                    NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

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DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	1,650.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,650.

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SCHEDULE K-1                    SECTION 199A INFORMATION, BOX 20, CODE Z

---

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - 32095	
ORDINARY INCOME (LOSS)	320,292.
SECTION 179 DEDUCTION	11,498.
SELF-EMPLOYMENT EARNINGS(LOSS)	320,292.
UNADJUSTED BASIS OF ASSETS	11,498.

STERIWEB MEDICAL, LLC

46-3299569

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SCH K-1

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THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

---

SCHEDULE K-1

CURRENT YEAR NET INCOME (LOSS) AND  
OTHER INCREASES(DECREASES)

---

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	320,292.	
SCHEDULE K-1 INCOME SUBTOTAL		320,292.
SECTION 179 EXPENSE	-11,498.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-11,498.
NET INCOME (LOSS) PER SCHEDULE K-1		308,794.
		<hr/>
NONDEDUCTIBLE EXPENSES		-1,650.
PENALTIES		-99.
TOTAL OTHER INCREASES OR DECREASES		-1,749.
		<hr/>

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SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

---

TAX BASIS

STERIWEB MEDICAL, LLC

46-3299569

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SCH K-1

---

STERIWEB MEDICAL, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP  
AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2019.

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Servicebeginning ending Partner's Share of Income, Deductions,  
Credits, etc.

► See separate instructions.

2019

For calendar year 2019, or tax year

Final K-1  Amended K-1  OMB No. 1545-0123Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	15 Credits
9,906.	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4a Guaranteed payments for services	
4b Guaranteed payments for capital	
4c Total guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
356.	
13 Other deductions	
14 Self-employment earnings (loss)	
A 0.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	
*See attached statement for additional information.	
For IRS Use Only	

STERIWEB MEDICAL, LLC

46-3299569

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SCHEDULE K-1                    NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

---

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	51.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		51.

---

SCHEDULE K-1                    SECTION 199A INFORMATION, BOX 20, CODE Z

---

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - 32095	
ORDINARY INCOME (LOSS)	9,906.
SECTION 179 DEDUCTION	356.
UNADJUSTED BASIS OF ASSETS	356.

STERIWEB MEDICAL, LLC

46-3299569

SCH K-1

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	9,906.	
SCHEDULE K-1 INCOME SUBTOTAL		9,906.
SECTION 179 EXPENSE	-356.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-356.
NET INCOME (LOSS) PER SCHEDULE K-1	9,550.	
NONDEDUCTIBLE EXPENSES		-51.
PENALTIES		-3.
TOTAL OTHER INCREASES OR DECREASES		-54.

SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

STERIWEB MEDICAL, LLC

46-3299569

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SCH K-1

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STERIWEB MEDICAL, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP  
AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2019.

**2019 TAX RETURN FILING INSTRUCTIONS**  
CALIFORNIA FORM 568  
**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

---

**PREPARED FOR:**

STERIWEB MEDICAL, LLC  
6715 NE 63RD ST. #417  
VANCOUVER, WA 98661

---

**PREPARED BY:**

MARTINI AKPOVI PARTNERS, LLP  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

---

**TO BE SIGNED AND DATED BY:**

A MEMBER OF THE LLC

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	6,800
LESS: PAYMENTS AND CREDITS	\$	6,800
PLUS OTHER AMOUNT	\$	0
PLUS INTEREST AND PENALTIES	\$	0
NO PMT REQUIRED	\$	.....

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

THE CALIFORNIA RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8453-LLC AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY.

---

**FORMS TO BE DISTRIBUTED TO PARTNERS:**

ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8453-LLC TO US BY OCTOBER 15, 2020.

---

**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

022

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR <b>2019</b>	<b>California e-file Return Authorization for Limited Liability Companies</b>	FORM <b>8453-LLC</b>
Limited liability company name <b>STERIWEB MEDICAL, LLC</b>		California Secretary of State (SOS) file number or EIN <b>46-3299569</b>

<b>Part I Tax Return Information (whole dollars only)</b>	
1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1 <b>1,191,036</b>
2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2 <b>330,998</b>
3 Tax and fee due (Form 568, line 14)	3 _____
4 Overpayment (Form 568, line 15)	4 _____
5 Total amount due (Form 568, line 19)	5 _____

<b>Part II Settle Your Account Electronically for Taxable Year 2019.</b>		
6 <input type="checkbox"/> Electronic funds withdrawal	6a Amount	6b Withdrawal date (mm/dd/yyyy)

**Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2020** This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment	
7 Amount	0	0	
8 Withdrawal date			

<b>Part IV Banking Information (Have you verified the LLC's banking information?)</b>			
---	--	--	--

9 Routing number		11 Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
10 Account number				

<b>Part V Declaration of Authorized Member or Manager</b>				
---	--	--	--	--

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2020 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2019 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here  Signature of authorized member or manager  Date  LLC MEMBER  Title

<b>Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.</b>				
---	--	--	--	--

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for four years from the due date of the return or four years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO  ERO's signature  Date  Check if also paid preparer   Check if self-employed  ERO's PTIN **P00026895**  
Must Sign  Firm's name (or yours if self-employed) and address  FEIN **95-4508585**  
**MARTINI AKPOVI PARTNERS, LLP**

16830 VENTURA BLVD., SUITE 501  ZIP code **91436**

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer  Paid preparer's signature  Date  Check if self-employed  Paid preparer's PTIN  
Must Sign  Firm's name (or yours if self-employed) and address  FEIN \_\_\_\_\_  
 ZIP code \_\_\_\_\_

TAXABLE YEAR  
**2019**

**Limited Liability Company  
Return of Income**

929851 12-30-19  
**CALIFORNIA FORM  
568**

000000000000 STER 46-3299569  
TYB 01-01-2019 TYE 12-31-2019  
STERIWEB MEDICAL LLC

19

6715 NE 63RD ST 417  
VANCOUVER WA 98661

ACCTMETHOD 1 01-15-2014 ASSETS 312676.  
INITIAL 1 FINAL 0 AMENDED 0 PROTECTIVE 0

I (1) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the LLC holds a controlling or majority interest that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? .....

•  Yes  No

(2) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? .....

•  Yes  No

(3) During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? .....

•  Yes  No

(Yes requires filing of statement, penalties may apply - see instructions.)

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.

1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions .....

**Whole dollars only**

• 1 1,275,530 00

2 Limited Liability Company fee. See instructions .....

• 2 6,000 00

3 2019 annual Limited Liability Company tax. See instructions .....

• 3 800 00

4 Nonconsenting nonresident members' tax liability from Schedule T (Side 4) .....

• 4 00

5 Partnership level tax. See instructions .....

• 5 00

6 Total tax and fee. Add line 2, line 3, line 4, and line 5 .....

• 6 6,800 00

7 Amount paid with form FTB 3537 and 2019 form FTB 3522 and form FTB 3536 **STATEMENT 1**

• 7 6,800 00

8 Overpayment from prior year allowed as a credit .....

• 8 00

9 Withholding (Form 592-B and/or 593) .....

• 9 00

10 Total payments. Add line 7, line 8, and line 9 .....

• 10 6,800 00

11 Use tax. This is not a total line. See instructions .....

• 11 00

12 Payments balance. If line 10 is more than line 11, subtract line 11 from line 10 .....

• 12 6,800 00

13 Use tax balance. If line 11 is more than line 10, subtract line 10 from line 11 .....

• 13 00

Enclose, but do not staple,  
any payment.

Whole dollars only		
14 Tax and fee due. If line 6 is more than line 12, subtract line 12 from line 6	• 14	00
15 Overpayment. If line 12 is more than line 6, subtract line 6 from line 12	• 15	00
16 Amount of line 15 to be credited to 2020 tax or fee	• 16	00
17 Refund. If the total of line 16 is less than line 15, subtract the total from line 15	• 17	.00
18 Penalties and interest. See instructions	• 18	0 00
19 Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result	• 19	0 .00

J Principal business activity code (Do not leave blank) • 339110

Business activity MANUFACTURING Product or service MEDICAL SUPPLY

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members • 2

L Is this LLC an investment partnership? See General Information O •  Yes  No

M (1) Is this LLC apportioning or allocating income to California using Schedule R? •  Yes  No  
 (2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? •  Yes  No

N Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? •  Yes  No

P (1) Does the LLC have any foreign (non-U.S.) nonresident members? •  Yes  No

(2) Does the LLC have any domestic (non-foreign) nonresident members? •  Yes  No

(3) Were Form 592, Form 592-A, Form 592-B, and Form 592-F filed for these members? •  Yes  No

Q Are any members in this LLC also LLCs or partnerships? •  Yes  No

R Is this LLC under audit by the IRS or has it been audited in a prior year? •  Yes  No

S Is this LLC a member or partner in another multiple member LLC or partnership? •  Yes  No  
 If "Yes," complete Schedule EO, Part I.

T Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? •  Yes  No

U (1) Is this LLC a business entity disregarded for tax purposes? •  Yes  No

(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? •  Yes  No

(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? •  Yes  No

V Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction •  Yes  No

W Did this LLC file the Federal Schedule M-3 (federal Form 1065)? •  Yes  No

X Is this LLC a direct owner of an entity that filed a federal Schedule M-3? •  Yes  No

Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? •  Yes  No  
 If "Yes," attach schedule of trusts and federal identification numbers.

Z Does this LLC own an interest in a business entity disregarded for tax purposes? •  Yes  No  
 If "Yes," complete Schedule EO, Part II.

(continued on Side 3)

(continued from Side 2)

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ..... •  Yes  No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ..... •  Yes  No

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ..... •  Yes  No  
(2) If "Yes," enter the year of asset disposition .....

DD Is the LLC reporting previously deferred Income from:  
(see instructions) ..... •  Installment Sale •  IRC §1031 •  IRC §1033 •  Other

EE "Doing business as" name. See instructions: • \_\_\_\_\_

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? ..... •  Yes  No  
(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): \_\_\_\_\_

GG (1) Has this LLC previously operated outside California? ..... •  Yes  No  
(2) Is this the first year of doing business in California? ..... •  Yes  No

Single Member LLC Information and Consent - Complete only if the LLC is disregarded.		• <input checked="" type="checkbox"/> Federal TIN/ SSN						
Sole Owner's name (as shown on owner's return) ◎		FEIN/CA Corp no./CA SOS File no.						
Street Address, City, State, and ZIP Code								
<ul style="list-style-type: none"> <li>What type of entity is the ultimate owner of this SMLLC? Check only one box:</li> </ul> <table> <tr> <td><input type="checkbox"/> (1) Individual</td> <td><input type="checkbox"/> (2) C Corporation</td> <td><input type="checkbox"/> (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)</td> </tr> <tr> <td><input type="checkbox"/> (4) Estate/Trust</td> <td><input type="checkbox"/> (5) Exempt Organization</td> <td></td> </tr> </table>			<input type="checkbox"/> (1) Individual	<input type="checkbox"/> (2) C Corporation	<input type="checkbox"/> (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)	<input type="checkbox"/> (4) Estate/Trust	<input type="checkbox"/> (5) Exempt Organization	
<input type="checkbox"/> (1) Individual	<input type="checkbox"/> (2) C Corporation	<input type="checkbox"/> (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)						
<input type="checkbox"/> (4) Estate/Trust	<input type="checkbox"/> (5) Exempt Organization							

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ►		Date
<p>To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.</p> <p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p>		
Sign Here	Signature of authorized member or manager ► Authorized member or manager's email address (optional)	Date
Paid Preparer's Use Only	Paid preparer's signature ►  Firm's name (or yours, if self-employed) <b>MARTINI AKPOVI PARTNERS, LLP</b> and address ► <b>16830 VENTURA BLVD., SUITE 501</b> <b>ENCINO, CA 91436</b>	Date Check if <input type="checkbox"/> self-employed PTIN • <b>P00026895</b> Firm's FEIN • <b>95-4508585</b> Telephone • <b>(818) 789-1179</b>
May the FTB discuss this return with the preparer shown above (see instructions)? • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

929881 12-30-19

**Schedule A Cost of Goods Sold**

1		00
2	68,513	00
3		00
4		00
5	50,981	00
6	119,494	00
7	35,000	00
8	84,494	00

**9 a** Check all methods used for valuing closing inventory:

(1)  Cost (2)  Lower of cost or market as described in Treas. Reg. Section 1.471-4 in Treas. Reg. Section 1.471-2(c) (3)  Write down of "subnormal" goods as described (4)  Other. Specify method used and attach explanation \_\_\_\_\_

Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970.

Yes  No

d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening

and closing inventory? If "Yes," attach explanation \_\_\_\_\_  Yes  No

**Schedule B Income and Deductions**

**Caution:** Include only trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Section 1. Income and expenses from trade or business activities. Subtract line 22 from line 21 below. See the instructions for the amounts to be reported on Schedule C.									
Income	1 a Gross receipts or sales \$	1,275,530	b Less returns and allowances \$		c Balance	•	1c	1,275,530	00
	2 Cost of goods sold (Schedule A, line 8) .....				•	2	84,494	00	
	3 GROSS PROFIT. Subtract line 2 from line 1c .....			•	3	1,191,036	00		
	4 Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule .....			•	4		00		
	5 Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule .....			•	5		00		
	6 Total farm profit. Attach federal Schedule F (Form 1040 or 1040-SR) .....			•	6		00		
	7 Total farm loss. Attach federal Schedule F (Form 1040 or 1040-SR) .....			•	7		00		
	8 Total gains included on Schedule D-1, Part II, line 17 (gain only) .....			•	8		00		
	9 Total losses included on Schedule D-1, Part II, line 17 (loss only) .....			•	9		00		
	10 Other income. Attach schedule .....			•	10		00		
	11 Other loss. Attach schedule .....			•	11		00		
	<b>12 Total income (loss). Combine line 3 through line 11</b>			•	12	1,191,036	00		
Section 2. Deductions									
13 Salaries and wages (other than to members) .....				13		00			
14 Guaranteed payments to members .....			•	14		00			
15 Bad debts .....			•	15		00			
16 Deductible interest expense not claimed elsewhere on return .....			•	16		00			
17 a Depreciation and amortization. Attach Form FTB 3885L \$		b Less depreciation reported on Sch A and elsewhere on return \$		c Balance	•	17c		00	
18 Depletion. Do not deduct oil and gas depletion .....				18		00			
19 Retirement plans, etc. .....				19		00			
20 Employee benefit programs .....				20		00			
21 Other deductions. Attach schedule .....				21	860,038	00			
<b>22 Total deductions. Add line 13 through line 21</b>				22	860,038	00			
<b>23 Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12</b>				23	330,998	00			

**Schedule T Nonconsenting Nonresident Members' Tax Liability.** Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- ..... 00

## Schedule K Members' Shares of Income, Deductions, Credits, etc.

	(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1 Ordinary income (loss) from trade or business activities .....	1 • 330,198	800	330,998			
	2 Net income (loss) from rental real estate activities. Attach federal Form 8825			•			
	3 a Gross income (loss) from other rental activities .....	3a		•			
	b Less expenses. Attach schedule .....	3b					
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		•			
	4 Guaranteed payments to members .....	4		•			
	5 Interest income .....	5		•			
	6 Dividends .....	6		•			
	7 Royalties .....	7		•			
	8 Net short-term capital gain (loss). Attach Schedule D (568) .....	8		•			
	9 Net long-term capital gain (loss). Attach Schedule D (568) .....	9		•			
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft) .....	10a		•			
	b Total loss under IRC Section 1231 (other than due to casualty or theft) .....	10b		•			
	11 a Other portfolio income (loss). Attach schedule .....	11a		•			
	b Total other income. Attach schedule .....	11b		•			
	c Total other loss. Attach schedule .....	11c					
Deductions	12 Expense deduction for recovery property (IRC Section 179). Attach schedule .....	STMT 6	12 11,854	11,854			
	13 a Charitable contributions. Attach schedule .....	13a					
	b Investment interest expense .....	13b		•			
	c 1 Total expenditures to which IRC Section 59(e) election may apply .....	13c1					
	2 Type of expenditures .....	13c2					
	d Deductions related to portfolio income .....	13d					
	e Other deductions. Attach schedule .....	13e		•			
Credits	15 a Withholding on LLC allocated to all members .....	15a					
	b Low-income housing credit .....	15b					
	c Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule .....	15c					
	d Credits related to other rental activities. Attach schedule .....	15d					
	e Nonconsenting nonresident members' tax paid by LLC .....	15e					
	f Other credits. Attach schedule .....	15f		•			
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986 b Adjusted gain or loss .....	17a					
	c Depletion (other than oil and gas) .....	17b					
	d Gross income from oil, gas, and geothermal properties .....	17c					
	e Deductions allocable to oil, gas, and geothermal properties .....	17d					
	f Other alternative minimum tax items. Attach schedule .....	17e					
		17f					
Other Information	18 a Tax-exempt interest income .....	18a					
	b Other tax-exempt income .....	18b		•			
	c Nondeductible expenses SEE STATEMENT 4 .....	18c	1,701	800 2,501			
	19 a Distributions of money (cash and marketable securities) .....	19a	61,624	• 61,624			
	b Distribution of property other than money .....	19b		•			
	20 a Investment income .....	20a					
	b Investment expenses .....	20b					
	c Other information. See instructions STMT 5 .....	20c					
Analysis	21 a Total distributive income/payment items. Combine lines 1, 2, and 3c through 11c. From the result, subtract the sum of lines 12 through 13e .....	21a	318,344	800 • 319,144			
	b Analysis of members:	(a) Corporate	(b) Individual i. Active      ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members		309,570      9,574				

**Schedule L Balance Sheets.** See the instructions for Schedule L, before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash .....		173		185,258
2 a Trade notes and accounts receivable .....				
b Less allowance for bad debts .....	( )		( )	
3 Inventories .....				• 35,000
4 U.S. government obligations .....				
5 Tax-exempt securities .....				
6 Other current assets. Attach schedule .....		12,572		• 92,418
7 Mortgage and real estate loans .....				
8 Other investments. Attach schedule .....				•
9 a Buildings and other depreciable assets .....			11,854	
b Less accumulated depreciation .....	( )	( )	( 11,854 )	•
10 a Depletable assets .....				
b Less accumulated depletion .....	( )	( )	( )	
11 Land (net of any amortization) .....		( )		•
12 a Intangible assets (amortizable only) .....				
b Less accumulated amortization .....	( )	( )	( )	
13 Other assets. Attach schedule .....				•
14 Total assets .....		12,745		312,676
<b>Liabilities and Capital</b>				
15 Accounts payable .....	STATEMENT 9			•
16 Mortgages, notes, bonds payable in less than 1 year .....				• 45,000
17 Other current liabilities. Attach schedule .....				14
18 All nonrecourse loans .....		( )		•
19 Mortgages, notes, bonds payable in 1 year or more .....		( )		•
20 Other liabilities. Attach schedule .....		( )		•
21 Members' capital accounts .....		( 12,745 )		• 267,662
22 Total liabilities and capital .....		( 12,745 )		312,676

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** Use total amount under California law. See instructions.

1 Net income (loss) per books .....	316,541	6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize •		a Tax-exempt interest ... \$	
3 Guaranteed payments (other than health insurance) .....		b Other ..... \$	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13e. Itemize:		c Total. Add line 6a and line 6b .....	•
a Depreciation ..... \$			
b Travel and entertainment \$ 1,701		7 Deductions included on Schedule K, line 1 through line 13e not charged against book income this year. Itemize:	
c Annual LLC tax .....		a Depreciation ..... \$	
d Other STMT 7 \$ 102		b Other ..... \$	
e Total. Add line 4a through line 4d .....	• 1,803	c Total. Add line 7a and line 7b .....	•
5 Total of line 1 through line 4e .....	318,344	8 Total. Add line 6c and line 7c Income (loss) (Schedule K, line 21a) Subtract line 8 from line 5 .....	
		9	318,344

**Schedule M-2 Analysis of Members' Capital Accounts.** Use California amounts.

1 Balance at beginning of year .....	12,745	5 Total of line 1 through line 4 .....	329,286
2 Capital contributed during year		6 Distributions: a Cash .....	• 61,624
a Cash .....	•	b Property .....	•
b Property .....	•	7 Other decreases. Itemize .....	•
3 Net income (loss) per books .....	316,541	8 Total of line 6 and line 7 .....	61,624
4 Other increases. Itemize .....	•	9 Balance at end of year. Subtract line 8 from line 5 .....	267,662

**Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company.** (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule)

Type of entity:  (1) C Corporation  (2) S Corporation  (3) Partnership  (4) Limited Partnership  (5) Sole Proprietor  (6) Farmer

Entity identification number(s): FEIN \_\_\_\_\_ SSN or ITIN \_\_\_\_\_ CA Corp. No. \_\_\_\_\_ CA SOS File No. \_\_\_\_\_

Amount of liquidation gains recognized to capitalize the LLC \_\_\_\_\_ • \_\_\_\_\_

## Schedule IW

## Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040 or 1040-SR), or additional schedules associated with other activities. Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1 a Total California income from Form 568, Schedule B, line 3. See instructions .....  1a 1,191,036

b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040 or 1040-SR) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 .....  1b 84,494

2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 .....  2a \_\_\_\_\_

b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a .....  2b \_\_\_\_\_

3 a LLC's distributive share of ordinary income from pass-through entities .....  3a \_\_\_\_\_

b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) .....  3b \_\_\_\_\_

c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) .....  3c \_\_\_\_\_

4 Add gross farm income from federal Schedule F (Form 1040 or 1040-SR). Use California amounts .....  4 \_\_\_\_\_

5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 .....  5 \_\_\_\_\_

6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 .....  6 \_\_\_\_\_

7 Add line 1a through line 6 .....  7 1,275,530

8 California rental real estate

a Enter the total gross rents from federal Form 8825, line 18a .....  8a \_\_\_\_\_

b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 .....  8b \_\_\_\_\_

c Add line 8a and line 8b .....  8c \_\_\_\_\_

9 Other California rentals.

a Enter the amount from Schedule K (568), line 3a .....  9a \_\_\_\_\_

b Enter the amount from all Schedule K-1s (565), Table 3, line 3 .....  9b \_\_\_\_\_

c Add lines 9a and 9b .....  9c \_\_\_\_\_

10 California interest. Enter the amount from Form 568, Schedule K, line 5 .....  10 \_\_\_\_\_

11 California dividends. Enter the amount from Form 568, Schedule K, line 6 .....  11 \_\_\_\_\_

12 California royalties. Enter the amount from Form 568, Schedule K, line 7 .....  12 \_\_\_\_\_

13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Sch. K, lines 8 and 9 .....  13 \_\_\_\_\_

14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a .....  14 \_\_\_\_\_

15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a .....  15 \_\_\_\_\_

16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b .....  16 \_\_\_\_\_

17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- .....  17 1,275,530

STERIWEB MEDICAL, LLC

46-3299569

CA 568	AMOUNT PAID WITH FORMS 3537, 3522, 3536	STATEMENT 1
DESCRIPTION		AMOUNT
AMOUNT PAID WITH FORM 3537		0.
AMOUNT PAID WITH FORM 3522		800.
AMOUNT PAID WITH FORM 3536		6,000.
TOTAL TO FORM 568, LINE 7		6,800.

CA SCHEDULE A	COGS OTHER COSTS	STATEMENT 2
DESCRIPTION		AMOUNT
FREIGHT AND SHIPPING COSTS		50,981.
TOTAL TO SCHEDULE A, LINE 5		50,981.

STERIWEB MEDICAL, LLC

46-3299569

CA	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING		6,740.
BANK AND MERCHANT FEES		29,261.
COMMISSIONS		334,268.
COMPUTER SUPPORT AND SUPPLIES		16,811.
DUES AND SUBSCRIPTIONS		1,394.
INSURANCE		7,399.
INTERNET SERVICE EXPENSES		9,860.
JANITORIAL EXPENSE		5,250.
LEGAL AND PROFESSIONAL FEES		17,203.
MEALS		1,702.
OFFICE SUPPLIES		8,268.
OUTSIDE SERVICES		223,305.
PEST CONTROL		620.
POSTAGE		1,509.
SALES AND MARKETING EXPENSES		16,717.
SHIPPING SUPPLIES		11,082.
SUPPLIES		8,935.
TELEPHONE		8,076.
TRASH DISPOSAL		3,238.
TRAVEL		13,382.
UTILITIES		10,801.
VEHICLE EXPENSES		19,624.
WEBSITE EXPENSE		775.
RENT		93,180.
FILING FEE		200.
LICENSES AND PERMITS		507.
PROPERTY TAX		414.
CALIFORNIA TAXES - OTHER		6,000.
REPAIRS		3,517.
TOTAL TRADE OR BUSINESS OTHER DEDUCTIONS, LINE 21		<u>860,038.</u>

CA SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		1,701.
STATE AND LOCAL INCOME/FRANCHISE TAXES - CALIFORNIA		800.
TOTAL TO SCHEDULE K, LINE 18C		<u>2,501.</u>

STERIWEB MEDICAL, LLC

46-3299569

CA SCHEDULE K AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION STATEMENT 5

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	1,275,530.
TOTAL	1,275,530.

CA SCHEDULE K EXPENSE DEDUCTION FOR RECOVERY PROPERTY STATEMENT 6

DESCRIPTION	AMOUNT
OTHER DEPRECIATION	11,854.
TOTAL TO SCHEDULE K, LINE 12	11,854.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN STATEMENT 7

DESCRIPTION	AMOUNT
PENALTIES	102.
TOTAL TO SCHEDULE M-1, LINE 4	102.

CA SCHEDULE L OTHER CURRENT ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM B. ROSENTHAL	505.	0.
DUE FROM R & S RESEARCH	12,067.	92,418.
TOTAL TO SCHEDULE L, LINE 6	12,572.	92,418.

STERIWEB MEDICAL, LLC

46-3299569

CA SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SALES TAX PAYABLE	0.	14.
TOTAL TO SCHEDULE L, LINE 17	0.	14.

Form 4562

Department of the Treasury  
Internal Revenue Service (99)

## Depreciation and Amortization

(Including Information on Listed Property)

OTHER

CA

OMB No. 1545-0172

2019

Attachment Sequence No. 179

► Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

STERIWEB MEDICAL, LLC

OTHER DEPRECIATION

46-3299569

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	25,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	11,854.
3 Threshold cost of section 179 property before reduction in limitation .....	3	200,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	25,000.

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
COMPUTER EQUIPMENT	11,854.	11,854.

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	11,854.
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	11,854.
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	25,000.
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	11,854.
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ►	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A						
17 MACRS deductions for assets placed in service in tax years beginning before 2019 .....						
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►						

## Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .....	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....

.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (don't include commuting miles) .....	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
32	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
33	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
34	Was the vehicle available for personal use during off-duty hours? .....	Yes	No										
35	Was the vehicle used primarily by a more than 5% owner or related person? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
36	Is another vehicle available for personal use? .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....	.....	.....
39	Do you treat all use of vehicles by employees as personal use? .....	.....	.....
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....	.....	.....
41	Do you meet the requirements concerning qualified automobile demonstration use? .....	.....	.....

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year: .....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
43 Amortization of costs that began before your 2019 tax year .....	.....	.....	.....	.....	43
44 Total. Add amounts in column (f). See the instructions for where to report .....	.....	.....	.....	.....	44

CA TOB REC	RECONCILIATION OF CALIFORNIA ORDINARY INCOME TO FEDERAL ORDINARY INCOME	2019	
NAME		EMPLOYER ID	
DESCRIPTION	FEDERAL	CALIFORNIA	DIFFERENCE
1 A GROSS RECEIPT OR SALES .....	1,275,530.	1,275,530.	
1 B LESS RETURNS AND ALLOWANCES .....			
1 C BALANCE (LINE 1A - 1B) .....	1,275,530.	1,275,530.	
2 COST OF GOODS SOLD AND/OR OPERATIONS .....	84,494.	84,494.	
3 GROSS PROFIT (LINE 1C - 2) .....	1,191,036.	1,191,036.	
4 ORDINARY INCOME (LOSS) FROM OTHER PARTNERSHIPS AND FIDUCIARIES .....			
5 NET FARM PROFIT (LOSS) .....			
6 NET GAIN (LOSS) FROM FORM 4797 OR FORM D-1 .....			
7 OTHER INCOME (LOSS) .....			
8 TOTAL INCOME (LOSS) (COMBINE LINES 3 THROUGH 7) .....	1,191,036.	1,191,036.	
9 SALARIES AND WAGES .....			
10 GUARANTEED PAYMENTS .....			
11 REPAIRS .....	3,517.	3,517.	
12 BAD DEBTS .....			
13 RENT .....	93,180.	93,180.	
14 TAXES .....	7,921.	7,121.	800.
15 DEDUCTIBLE INTEREST EXPENSE NOT CLAIMED ELSEWHERE .....			
16 DEPRECIATION .....			
17 DEPLETION .....			
18 RETIREMENT PLANS, ETC .....			
19 EMPLOYEE BENEFIT PROGRAMS .....			
20 OTHER DEDUCTIONS .....	756,220.	756,220.	
21 TOTAL DEDUCTIONS (ADD LINE 9 THROUGH 20) .....	860,838.	860,038.	800.
22 ORDINARY INCOME (LOSS) (SUBTRACT LINE 21 FROM 8) .....	330,198.	330,998.	<800.>

TAXABLE YEAR **Member's Share of Income,  
2019 Deductions, Credits, etc.**

929421 12-18-19  
CALIFORNIA SCHEDULE  
**K-1 (568)**

TYB 01-01-2019 TYE 12-31-2019

BERTRAM P ROSENTHAL

7318 VALJEAN AVENUE  
VAN NUYS CA 91406

46-3299569 00000000000  
STERIWEB MEDICAL LLC

6715 NE 63RD ST 417  
VANCOUVER WA 98661

A What type of entity is this member? • See instructions.

(1)  Individual (4)  C Corporation (7)  LLP (10)  Exempt Organization  
(2)  S Corporation (5)  General Partnership (8)  LLC (11)  Disregarded Entity

(3)  Estate/Trust (6)  Limited Partnership (9)  IRA/Keogh/SEP

B Is this member a foreign member? •  Yes  No

C Enter member's percentage (without regard to special allocations) of:

(i) Beginning (ii) Ending

Profit ..... 

97.0000	%	•	97.0000	%
---------	---	---	---------	---

Loss ..... 

97.0000	%	•	97.0000	%
---------	---	---	---------	---

Capital ..... 

97.0000	%	•	97.0000	%
---------	---	---	---------	---

D Member's share of liabilities:

(i) Beginning (ii) Ending

Nonrecourse ..... \$ 

00	•	\$	00	00
----	---	----	----	----

Qualified nonrecourse financing ..... \$ 

00	•	\$	00	00
----	---	----	----	----

Recourse ..... \$ 

00	•	\$	45,014	00
----	---	----	--------	----

E Reportable transaction or tax shelter registration number(s) \_\_\_\_\_

F (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2)

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1)

G Check here if this is: • (1)  A final Schedule K-1 (568) (2)  An amended Schedule K-1 (568)

H Is this member a resident of California? •  Yes  No

Member's name	Member's identifying number
BERTRAM P ROSENTHAL, MD	

I Analysis of member's capital account: Check the box • (1)  Tax Basis (2)  GAAP (3)  IRC Section 704(b) Book (4)  Other (explain)

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Member's share of line 3, line 4, and line 7 Form 568, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year, combine column (a) through column (d)
• 12,457 •	• 307,045 •	• (61,624) •	• 257,878	

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
1	Ordinary income (loss) from trade or business activities .....	320,292	776	• 321,068 ►	
2	Net income (loss) from rental real estate activities .....		•	►	
3	Net income (loss) from other rental activities .....		◎	◎	
4	Guaranteed payments to members		•	►	
5	Interest income .....		•	►	
6	Dividends .....		•	►	
7	Royalties .....		•	►	
8	Net short-term capital gain (loss) ...		•	►	
9	Net long-term capital gain (loss) .....		•	►	
10	a Total gain under IRC Section 1231 (other than due to casualty or theft)		•	►	
	b Total loss under IRC Section 1231 (other than due to casualty or theft)		•	►	
11	a Other portfolio income (loss). Attach schedule .....		•	►	
	b Total other income .....		•	►	
	c Total other loss .....		•	►	
12	Expense deduction for recovery prop. (IRC Section 179) .....	STMT	11,498	11,498	
13	a Charitable contributions .....				
	b Investment interest expense .....				
	c 1 Total expenditures to which an IRC Section 59(e) election may apply .....				
	2 Type of expenditures .....				
	d Deductions related to portfolio income .....				
	e Other deductions .....				

Member's name

BERTRAM P ROSENTHAL, MD

Member's identifying number

[REDACTED]

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC) .....			•	►
	b Low-income housing credit .....				
	c Credits other than line 15b related to rental real estate activities .....				
	d Credits related to other rental activities .....				
	e Nonconsenting nonresident member's tax paid by LLC .....				
	f Other credits - Attach required schedules or statements .....				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986 .....			◎	◎
	b Adjusted gain or loss .....				
	c Depletion (other than oil & gas) .....				
	d Gross income from oil, gas, and geothermal properties .....				
	e Deductions allocable to oil, gas, and geothermal properties .....				
	f Other alternative minimum tax items .....				
Tax-Exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income .....				
	b Other tax-exempt income .....				
	c Nondeductible expenses .....				
Distributions	19 a Distributions of money (cash and marketable securities) .....	STMT	1,650	776	2,426
	b Distributions of property other than money				
Other Information	20 a Investment income .....	STMT			
	b Investment expenses .....				
	c Other information. See instructions .....				

Member's name

BERTRAM P ROSENTHAL, MD

Member's identifying number

[REDACTED]

Other Member Information

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$ [REDACTED]	Sec. 1231 Gains/Losses \$ [REDACTED]	Capital Gains/Losses \$ [REDACTED]
Dividends \$ [REDACTED]	Royalties ..... \$ [REDACTED]	Other ..... \$ [REDACTED]

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. \$ [REDACTED]

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses ..... \$ [REDACTED]	Rents/Royalties ..... \$ [REDACTED]
Sec. 1231 Gains/Losses ..... \$ [REDACTED]	Other ..... \$ [REDACTED]

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning ..... \$ [REDACTED]	\$ [REDACTED]	
Property: Ending ..... \$ [REDACTED]	\$ [REDACTED]	
Property: Annual rent expense ..... \$ [REDACTED]	\$ [REDACTED]	
Payroll ..... \$ [REDACTED]	\$ [REDACTED]	
Sales ..... \$ [REDACTED]	\$ [REDACTED]	

STERIWEB MEDICAL, LLC

46-3299569

---

CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

---

DESCRIPTION	AMOUNT
IRC SECTION 179 EXPENSE	11,498.
TOTAL TO SCHEDULE K-1, LINE 12	11,498.

---

CA SCHEDULE K-1 COLUMN C RECONCILIATION

---

DESCRIPTION	AMOUNT
ORDINARY INCOME (LOSS)	320,292.
SECTION 179 EXPENSE	<11,498.>
NONDEDUCTIBLE EXPENSES	<1,650.>
PENALTIES	<99.>
TOTAL TO SCHEDULE K-1 ANALYSIS OF CAPITAL ACCOUNT, COLUMN C	307,045.

---

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

---

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1,650.
STATE INCOME/FRANCHISE TAXES	776.
TOTAL TO SCHEDULE K-1, LINE 18C	2,426.

---

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

---

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	1,237,264.
TOTAL	1,237,264.

---

TAXABLE YEAR **Member's Share of Income,  
2019 Deductions, Credits, etc.**

929421 12-18-19  
CALIFORNIA SCHEDULE  
**K-1 (568)**

TYB 01-01-2019 TYE 12-31-2019

**CAMILA ARTEAGA**

20243 HAYNES STREET  
WINNETKA CA 91306

46-3299569 00000000000  
STERIWEB MEDICAL LLC

6715 NE 63RD ST 417  
VANCOUVER WA 98661

**A** What type of entity is this member? • See instructions.

(1)  Individual (4)  C Corporation (7)  LLP (10)  Exempt Organization  
(2)  S Corporation (5)  General Partnership (8)  LLC (11)  Disregarded Entity

(3)  Estate/Trust (6)  Limited Partnership (9)  IRA/Keogh/SEP

**B** Is this member a foreign member? •  Yes  No

**C** Enter member's percentage (without regard to special allocations) of:

**(i) Beginning**

**(ii) Ending**

Profit ..... 

3.0000	%	•	3.0000	%
--------	---	---	--------	---

Loss ..... 

3.0000	%	•	3.0000	%
--------	---	---	--------	---

Capital ..... 

3.0000	%	•	3.0000	%
--------	---	---	--------	---

**(i) Beginning**

**(ii) Ending**

**D** Member's share of liabilities:

Nonrecourse ..... \$ 

00	•	\$	00
----	---	----	----

Qualified nonrecourse financing ..... \$ 

00	•	\$	00
----	---	----	----

Recourse ..... \$ 

00	•	\$	00
----	---	----	----

**E** Reportable transaction or tax shelter registration number(s) \_\_\_\_\_

**F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2)

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1)

**G** Check here if this is: • (1)  A final Schedule K-1 (568) (2)  An amended Schedule K-1 (568)

**H** Is this member a resident of California? ..... •  Yes  No

Member's name <b>CAMILA ARTEAGA</b>	Member's identifying number <b>1</b>
--	---

I Analysis of member's capital account: Check the box • (1)  Tax Basis (2)  GAAP (3)  IRC Section 704(b) Book (4)  Other (explain)

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Member's share of line 3, line 4, and line 7 Form 568, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year, combine column (a) through column (d)
• 288 •	•	9,496 • ( )	) •	9,784

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities .....	9,906	24 •	9,930 ►	
	2 Net income (loss) from rental real estate activities .....		•	►	
	3 Net income (loss) from other rental activities .....		◎	◎	
	4 Guaranteed payments to members		•	►	
	5 Interest income .....		•	►	
	6 Dividends .....		•	►	
	7 Royalties .....		•	►	
	8 Net short-term capital gain (loss) ...		•	►	
	9 Net long-term capital gain (loss) .....		•	►	
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)		•	►	
	b Total loss under IRC Section 1231 (other than due to casualty or theft)		•	►	
	11 a Other portfolio income (loss). Attach schedule .....		•	►	
	b Total other income .....		•	►	
	c Total other loss .....		•	►	
Deductions	12 Expense deduction for recovery prop. (IRC Section 179) ..... <b>STMT</b>	356		356	
	13 a Charitable contributions .....				
	b Investment interest expense .....				
	c 1 Total expenditures to which an IRC Section 59(e) election may apply ...				
	2 Type of expenditures .....				
	d Deductions related to portfolio income .....				
	e Other deductions .....				

Member's name

CAMILA ARTEAGA

Member's identifying number

1

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC) .... b Low-income housing credit ..... c Credits other than line 15b related to rental real estate activities ..... d Credits related to other rental activities ..... e Nonconsenting nonresident member's tax paid by LLC ..... f Other credits - Attach required schedules or statements ....			• ►	
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986 ..... b Adjusted gain or loss ..... c Depletion (other than oil & gas) ..... d Gross income from oil, gas, and geothermal properties ..... e Deductions allocable to oil, gas, and geothermal properties ..... f Other alternative minimum tax items ....			◎ ◎	
Tax-Exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income ..... b Other tax-exempt income ..... c Nondeductible expenses ... <b>STMT</b> ...		51	24	75
Distributions	19 a Distributions of money (cash and marketable securities) ..... b Distributions of property other than money			◎	
Other Information	20 a Investment income ..... b Investment expenses ..... c Other information. See instructions ...	STMT			

Member's name  
CAMILA ARTEAGA

Member's identifying number

Other Member Information

Table 1 · Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	Sec. 1231 Gains/Losses \$	Capital Gains/Losses \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dividends \$	Royalties \$	Other \$
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 · Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. \$

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses .....	\$ <input type="text"/>	Rents/Royalties .....	\$ <input type="text"/>
Sec. 1231 Gains/Losses .....	\$ <input type="text"/>	Other .....	\$ <input type="text"/>

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning .....	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending .....	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense .....	\$ <input type="text"/>	\$ <input type="text"/>
Payroll .....	\$ <input type="text"/>	\$ <input type="text"/>
Sales .....	\$ <input type="text"/>	\$ <input type="text"/>

STERIWEB MEDICAL, LLC

46-3299569

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CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

---

DESCRIPTION	AMOUNT
IRC SECTION 179 EXPENSE	356.
TOTAL TO SCHEDULE K-1, LINE 12	356.

---

---

CA SCHEDULE K-1 COLUMN C RECONCILIATION

---

DESCRIPTION	AMOUNT
ORDINARY INCOME (LOSS)	9,906.
SECTION 179 EXPENSE	<356.>
NONDEDUCTIBLE EXPENSES	<51.>
PENALTIES	<3.>
TOTAL TO SCHEDULE K-1 ANALYSIS OF CAPITAL ACCOUNT, COLUMN C	9,496.

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CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

---

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	51.
STATE INCOME/FRANCHISE TAXES	24.
TOTAL TO SCHEDULE K-1, LINE 18C	75.

---

---

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

---

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	38,266.
TOTAL	38,266.

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3:53 PM  
02/01/21  
Cash Basis

**SteriWeb Medical, LLC**  
**Balance Sheet**  
**As of February 1, 2021**

	<u>Feb 1, 21</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
WFB SteriWeb Med Checking 8255	375,166.11
WFB SteriWeb Med Savings 3134	150.06
<hr/>	
Total Checking/Savings	375,316.17
<b>Accounts Receivable</b>	
<b>Accounts Receivable</b>	<hr/>
WFB SteriWeb Med Checking 8255	16,421.94
<hr/>	
Total Accounts Receivable	16,421.94
<b>Other Current Assets</b>	
<b>Accounts Receivable - contra</b>	-16,421.94
Due from B. Rosental	7,059.04
Inventory Asset	35,000.00
<hr/>	
Total Other Current Assets	25,637.10
<b>Total Current Assets</b>	<hr/> 417,375.21
<b>Fixed Assets</b>	
<b>Accumulated Depreciation</b>	-11,853.65
<b>Computer equipment</b>	<hr/> 11,853.65
<b>Total Fixed Assets</b>	<hr/> 0.00
<b>TOTAL ASSETS</b>	<hr/> <b>417,375.21</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
<b>Loan Payable</b>	3,000.00
<b>PPL</b>	<hr/> 124,625.00
<hr/>	
Total Other Current Liabilities	127,625.00
<b>Total Current Liabilities</b>	<hr/> 127,625.00
<b>Total Liabilities</b>	127,625.00
<b>Equity</b>	
<b>Retained Earnings</b>	267,662.00
<b>Net Income</b>	<hr/> 22,088.21
<b>Total Equity</b>	<hr/> 289,750.21
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<hr/> <b>417,375.21</b>

2:58 PM

02/03/21

Accrual Basis

**SteriWeb Medical, LLC**  
**Profit & Loss**  
**January through December 2020**

	<u>Jan - Dec 20</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Refunds</b>	-9,514.67
<b>Sales</b>	1,473,180.08
<b>Sales Discounts</b>	-55.96
<b>Shipping and Delivery Income</b>	4,374.13
<b>Total Income</b>	<u>1,467,983.58</u>
<b>Gross Profit</b>	<u>1,467,983.58</u>
<b>Net Ordinary Income</b>	<u>1,467,983.58</u>
<b>Net Income</b>	<b><u>1,467,983.58</u></b>

2:59 PM

02/03/21

Accrual Basis

**SteriWeb Medical, LLC**  
**Profit & Loss**  
January through December 2021

	<u>Jan - Dec 21</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Refund</b>	-315.92
<b>Refunds</b>	-760.99
<b>Sales</b>	141,481.59
<b>Shipping and Delivery Income</b>	335.15
<b>Total Income</b>	<u>140,739.83</u>
<b>Gross Profit</b>	<u>140,739.83</u>
<b>Net Ordinary Income</b>	<u>140,739.83</u>
<b>Net Income</b>	<b><u>140,739.83</u></b>